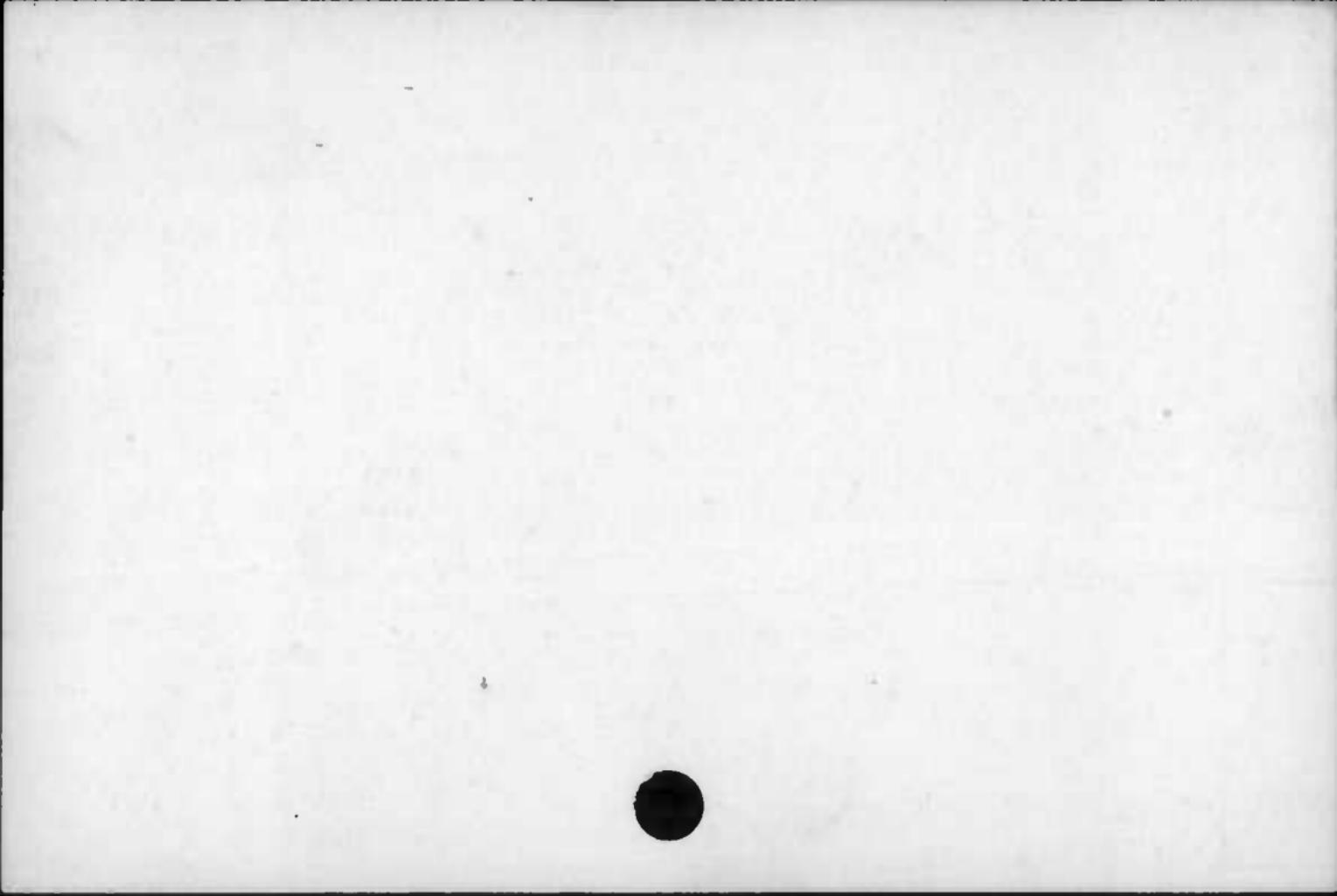


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Albert Acornell					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death 1908		Month 7	Day 30	Years 73	Months 6	Days	
Sex	Male	Color or Race	Colored	Birth-place	New York		
Occupation	Fanner.		Where Residing if not at place of death	Margaret Newell			
Married, Single or Widowed	Name of Wife or Husband		Lithilay Hedges		Father's Birthplace	Unknown	
Father's Name	Susan Hedges		Susan Hedges		Mother's Birthplace	Unknown	
Mother's Maiden Name	Lucy Newell		Lucy Newell		How related to deceased	Daughter	
Name of person giving Information	CAUSES OF DEATH		66		How long	10 days	
Primary	Hemiplegia		12 hours		How long	12 hours	
Immediate	Heart Failure		Signature of Physician		J. H. Lynch, M.D.		
Are the name, age, sex, color, date and place correctly given above?			Address		Branch		
Accident or Suicide?					Ma		



Name
in
Full

Mariion Austin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date
of death 1908

Month

Day

8th

Years

18

Months

5

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Albion, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

..

Father's
Name

Isaac M. Austin

Mother's
Maiden Name

Annie Reed

Mother's
Birthplace

..

Name of person giving
Information

Mitchell W. Austin

How related
to deceased

..

CAUSES OF DEATH

Primary

Typhoid fever

1

How long

3 weeks

Immediate

General peritonitis from intestinal putrefaction

How long

12 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes: no

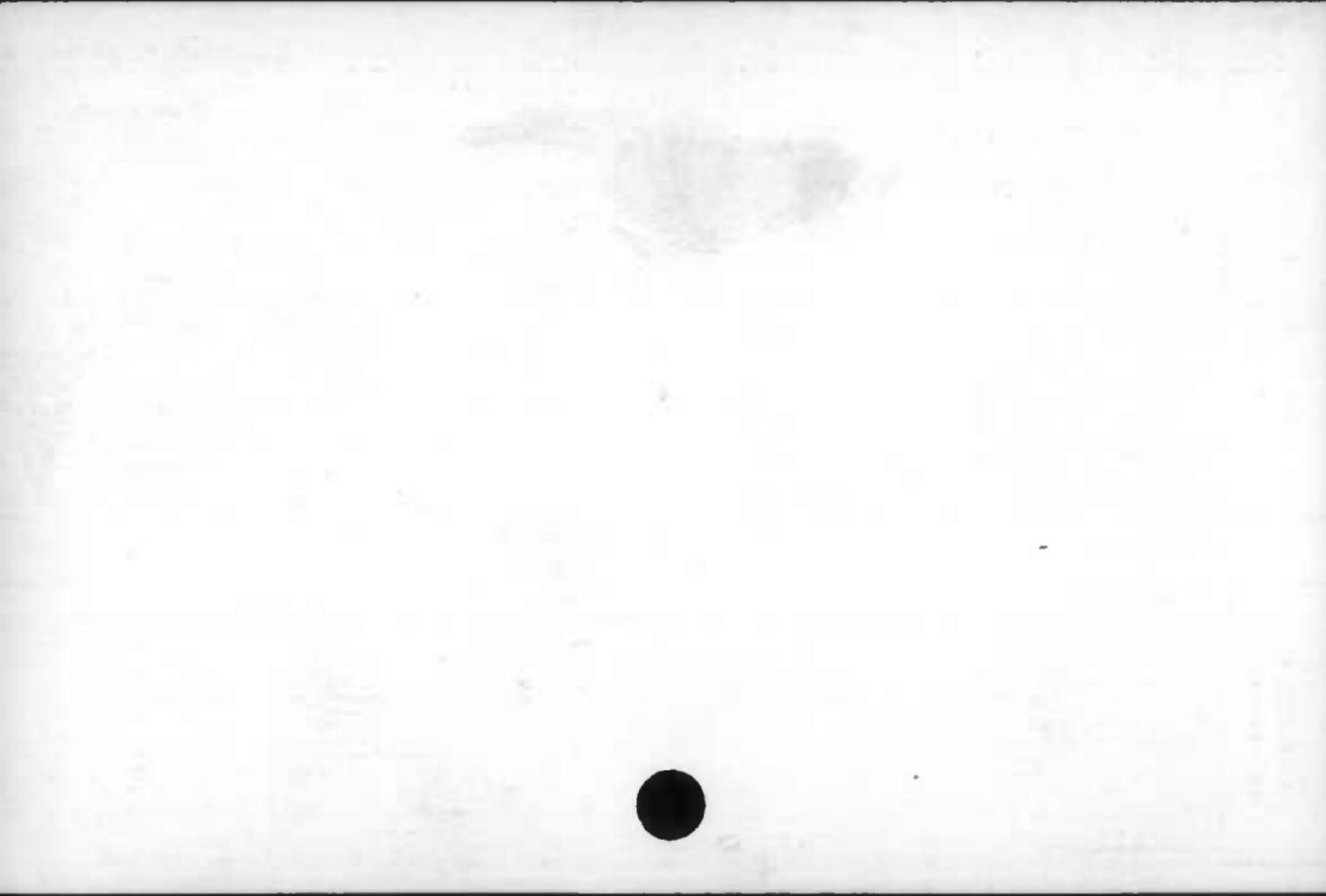
Signature of
Physician

Address

J. S. Austin
Salisbury, Md.

Accident or Suicide

Yes



Name
in
Full

Elannie Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at		Salisbury	Wisconsin		12 Days	
Date of death	190	Month	Day	Years	Month	Days
8 Sept	8	Sept	23	34		
Sex	Female	Color or Race	Colored		Birth- place	Md
Occupation	Housework					Where Residing if not at place of death
Married, Single or Widowed	Name of wife or Husband		James Bishop			
Father's Name	Elisha Dixon		Md			
Mother's Maiden Name	Amie Parker		Md			
Name of person giving Information	Elannie Bishop		Sister			

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

Draining

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

27

How long

Annual Month

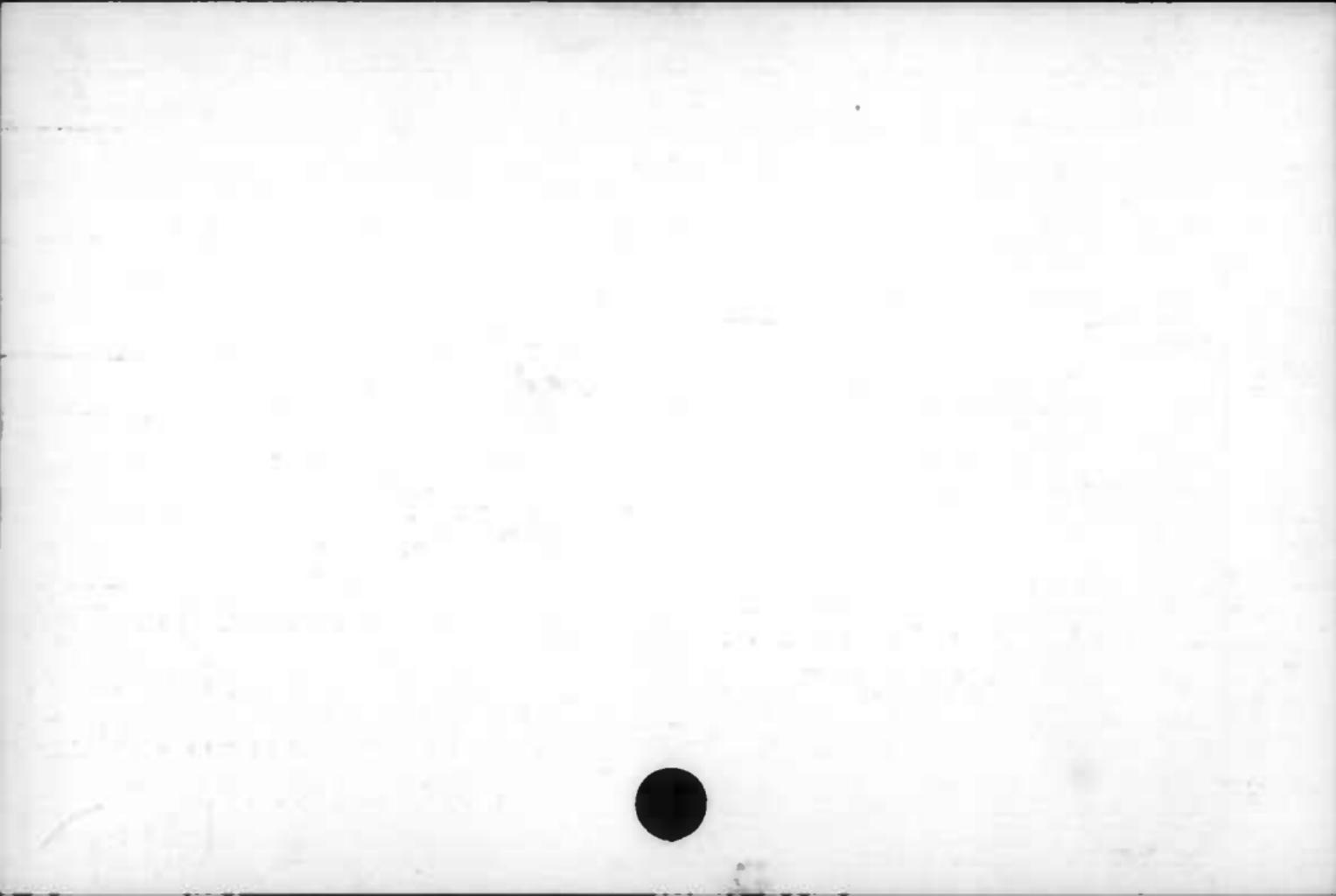
How long

Seasonally

J. M. Stevens M.D.

Salisbury

Accident or Suicide



Name
in
Full

Alfonso Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR COR

Died at		Town	County		MARYLAND		
Date of death	1908	Month Sept	Day 28	Years	Months 8	Days	
Sex	Female	Color or Race	Black	Birth-place	Delmar		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Howard Jackson		Father's Birthplace			Delmar	
Mother's Maiden Name	Luettie Brown		Mother's Birthplace			"	
Name of person giving information	"		How related to deceased			Mother	

CAUSES OF DEATH

150

Hydrocephalus
Convulsion

How long

Eight months

How long

Two weeks

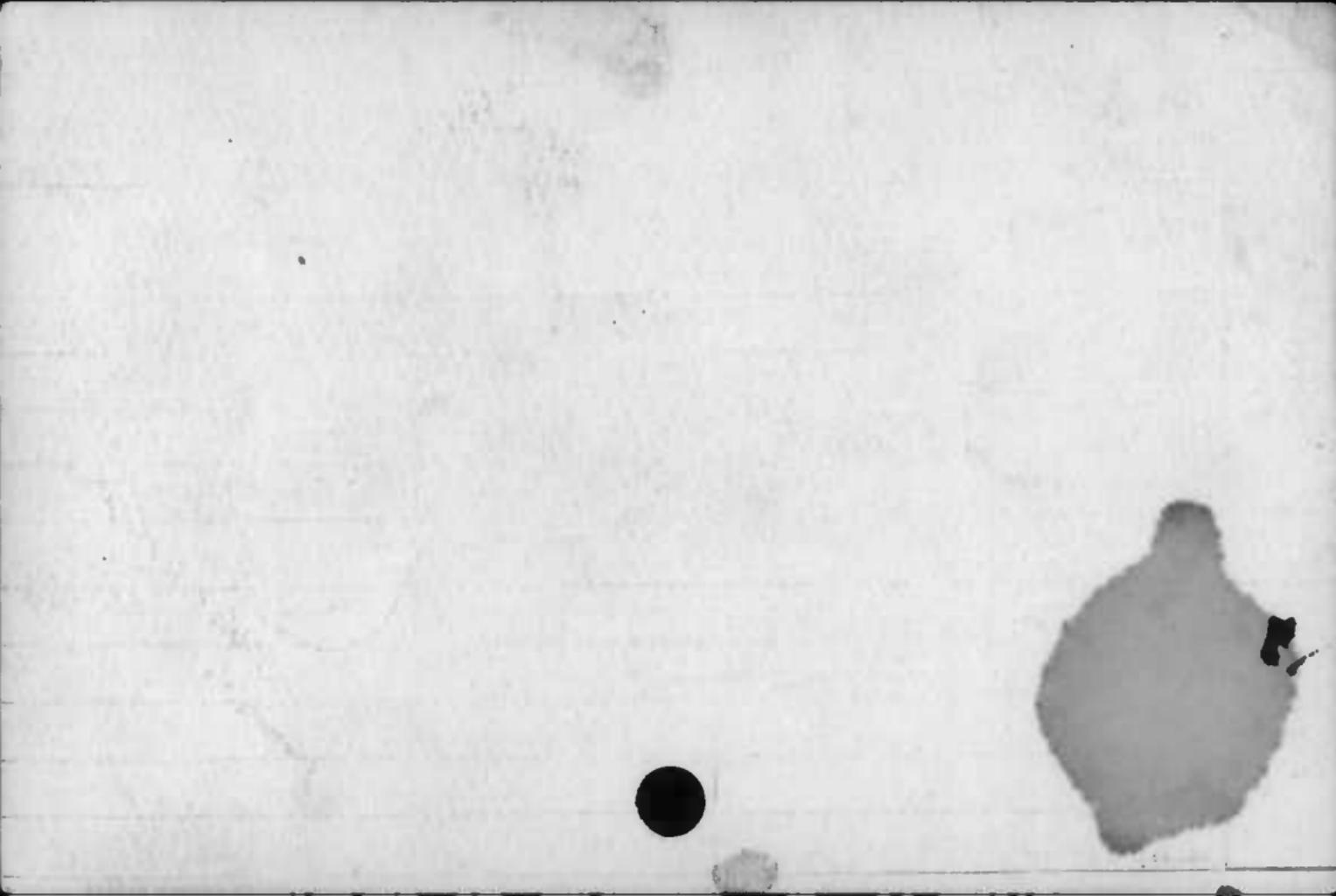
Are sex, color, date
of birth given above?

Signature of
Physician

Address

James Brayshaw
Delmar Delaware

Accident or Suicide?



Name
In
Full

Cora F. Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Mardela</u>		Town <u>Wicomico</u> County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1998	9	18	One	-	-	
Sex	Color or Race	Age		Birth-place	Place	
<u>Female</u>	<u>white</u>			<u>Md</u>	<u>11</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
<u>Single</u>	<u>None</u>					
Father's Name	<u>Levin B. Brown</u>					Father's Birthplace
Mother's Maiden Name	<u>Annie W. Horseshoe</u>					Mother's Birthplace
Name of person giving information	<u>Levin W. Brown</u>					How related to deceased
						<u>Father</u>

CAUSES OF DEATH

109

How long

3 months

How long

24 hours

PHYSICIAN
OR CORONER

Primary

Marsupium

Immediate

Perforation of bowel

Are the name, age, sex, color, date and place correctly given above?

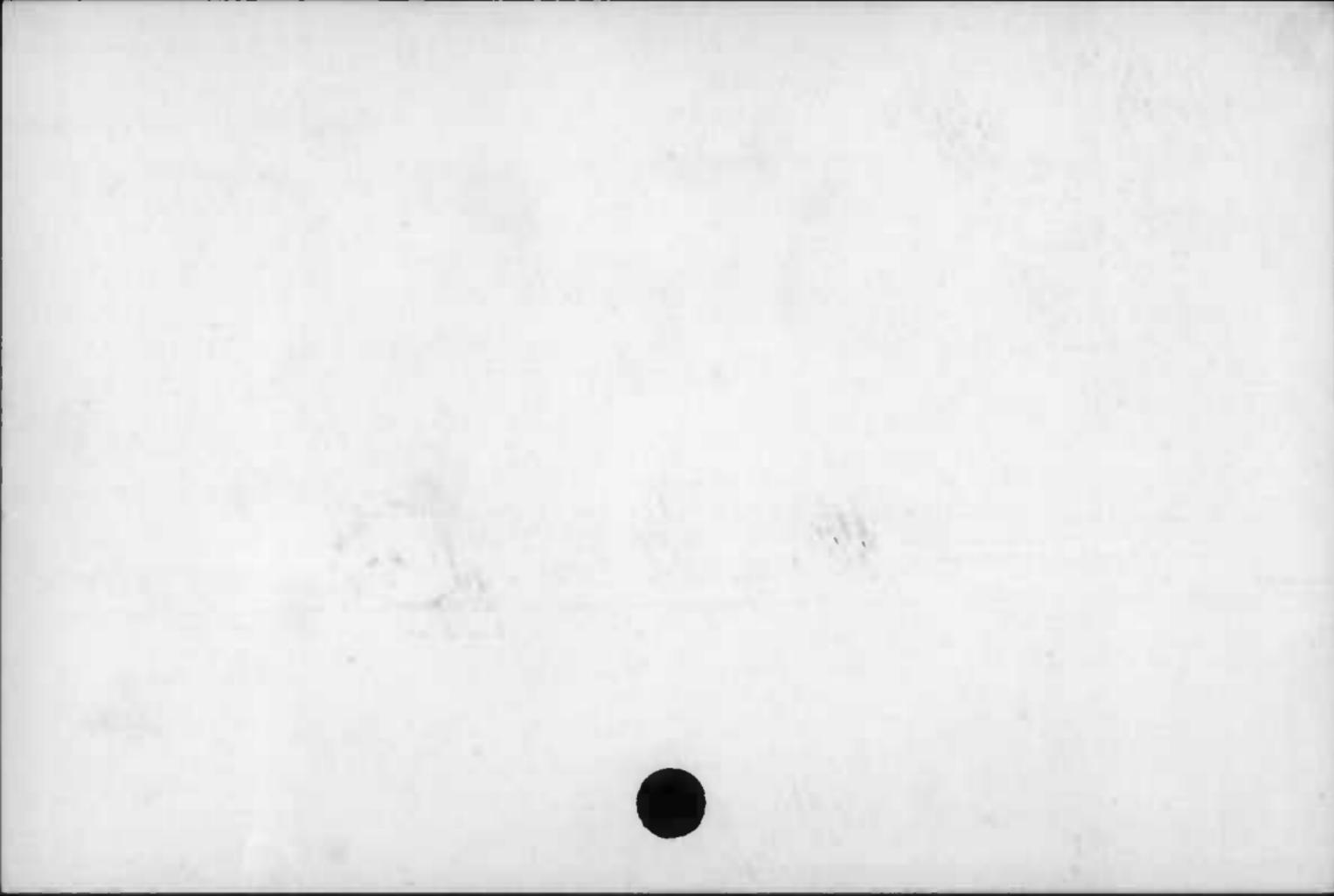
Accident or Suicide?

Signature of Physician

Address

Louis J. Wilson, M.D.

Mardela Springs, Md.



Name
in
Full

Clarence W Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury Town Wicomico County MARYLAND
Date of death 1908 Month Sept Day 27 Years 7 Months 8 Days
Sex Male Color or Race white Birth-place New Jersey
Occupation School boy Where Residing if not at place of death Ocean City Md
Married, Single or Widowed Married Name of Wife or Husband Julie Olson
Father's Name Benjamin T. Butler Father's Birthplace N Y
Mother's Maiden Name Julie Olson Mother's Birthplace Sweden
Name of person giving information Benjamin T. Butler How related to deceased Father

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary

Hydro urko
gas poison

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes
as I know
no

Signature of Physician

Address

How long

3 weeks
gasoline

How long

3 weeks
gasoline

Perronitis

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Town		County		MARYLAND	
Died in <i>Franklin</i>		<i>Franklin</i>			
Date of death <i>1908</i>	Month <i>9</i>	Day <i>6th</i>	Age <i>19</i>	Months <i>6.</i>	Days
Sex <i>Female</i>	Color or Race <i>Col.</i>	Birth-place <i>near Franklin</i>			
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband				
Father's Name <i>Charles Church</i>	Father's Birthplace <i>Franklin</i>				
Mother's Maiden Name <i>Mary A.</i>	Mother's Birthplace <i>Franklin</i>				
Name of person giving information <i>Miss Church</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

How long

6 zales

How long

**PHYSICIAN
OR CORONER**

Primary

Mycobacteriosis

Immediate

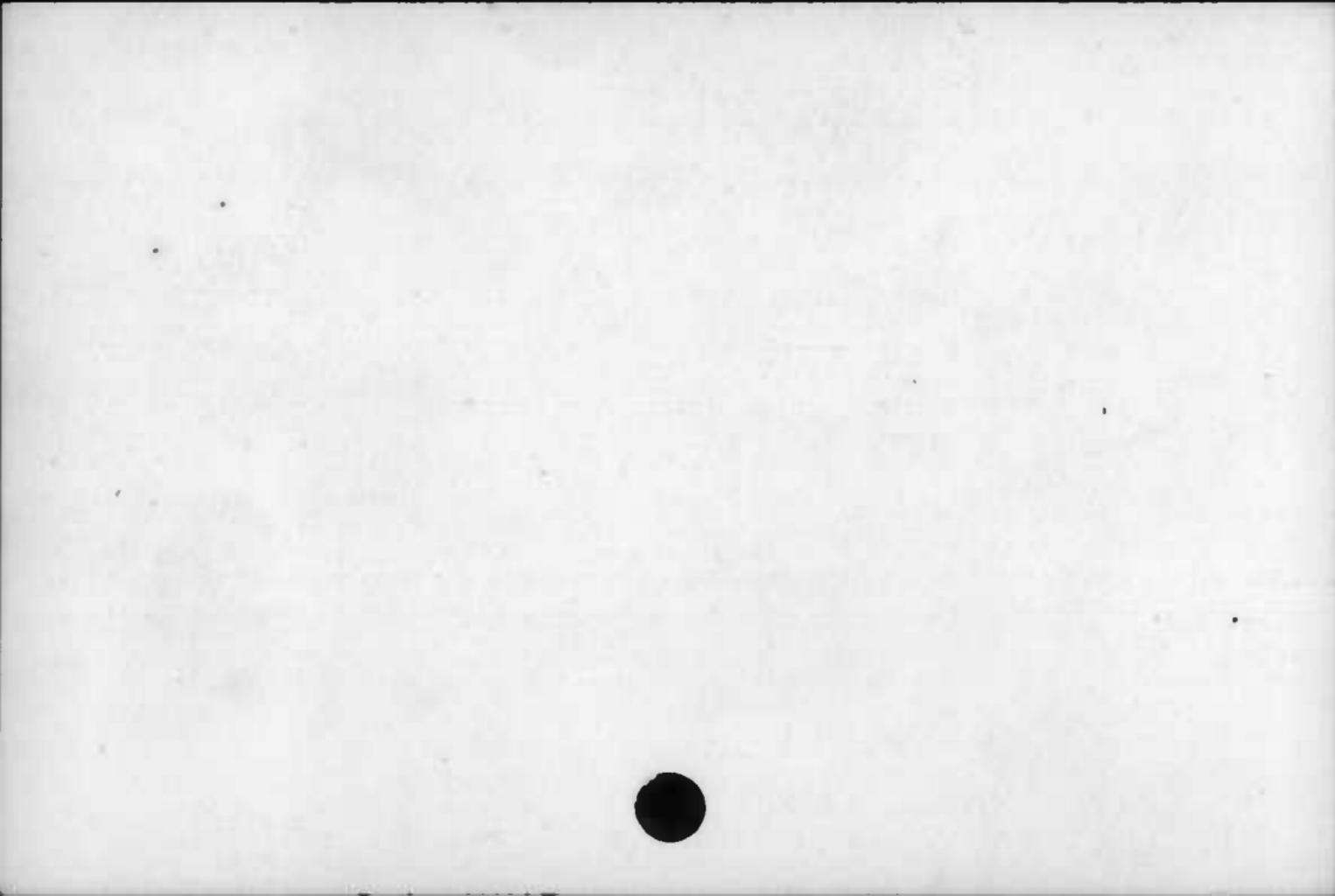
Pulmonary hemoptysis / how long
me, age, sex, color, date
correctly given above? yes. Signature of Physician ~~Physician not~~
Address

Are the name, age, sex, color, date and place correctly given above?

**Signature of
Physician**

Address

Accident or Suicide?



Name
in
Full

Wiley Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Mardela	Wicomico			
Date of death	1998	Month 9	Day 18	Years 70	Months	Days
Sex	Female	Color or Race	Black	Birth-place	Md.	
Occupation	Lady		Where Residing if not at place of death	Md		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Perry Collier			
Father's Name	Dont-Know		Father's Birthplace	Md		
Mother's Maiden Name	Laverne - Allen		Mother's Birthplace	Md		
Name of person giving information	Lion Waller		How related to deceased	Friend		
CAUSES OF DEATH						63

PHYSICIAN
OR CORONER

Primary

Laudry's Paralysis

How long

3 days

Immediate

Dont Know

How long

Dont Know

Are the name, age, sex, color, date and place correctly given above?

Yes

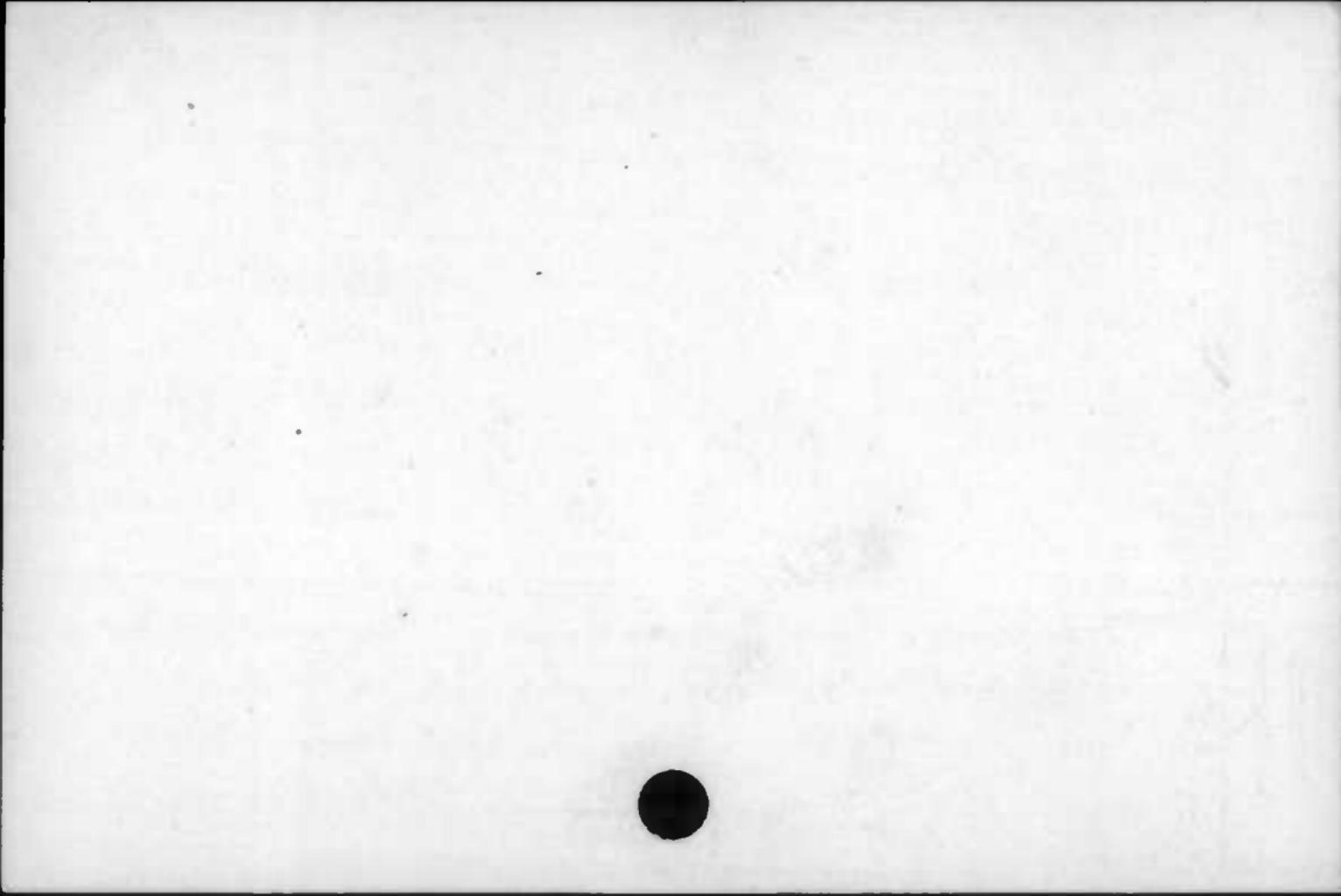
Signature of Physician

Address

J. Alderdeice
Mardela Springs,
Md

Accident or Suicide?

Accident



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel L. Cordrey				CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND				
Salisbury		Wicomico						
Date of death	1908	Month Sept.	Day 3rd	Age 68	Years	Months 2	Days 11	
Sex	Male	Color or Race	White	Birth-place	Md.			
Occupation	Laborer			Where Residing if not at place of death	Salisbury Md.			
Married, Single or Widowed	Married	Name of Wife or Husband	Jane Cordrey			Father's Birthplace	Md.	
Father's Name	Samuel Cordrey						Mother's Birthplace	Del.
Mother's Maiden Name	Margaret Ellingsworth						How related to deceased	Son in law
Name of person giving Information	J. H. Tomlinson							

CAUSES OF DEATH

79

How long

several years

How long

Primary

Chronic Heart disease

Immediate

died suddenly, was found dead at the shock time

Are the name, age, sex, color, date and place correctly given above?

yes

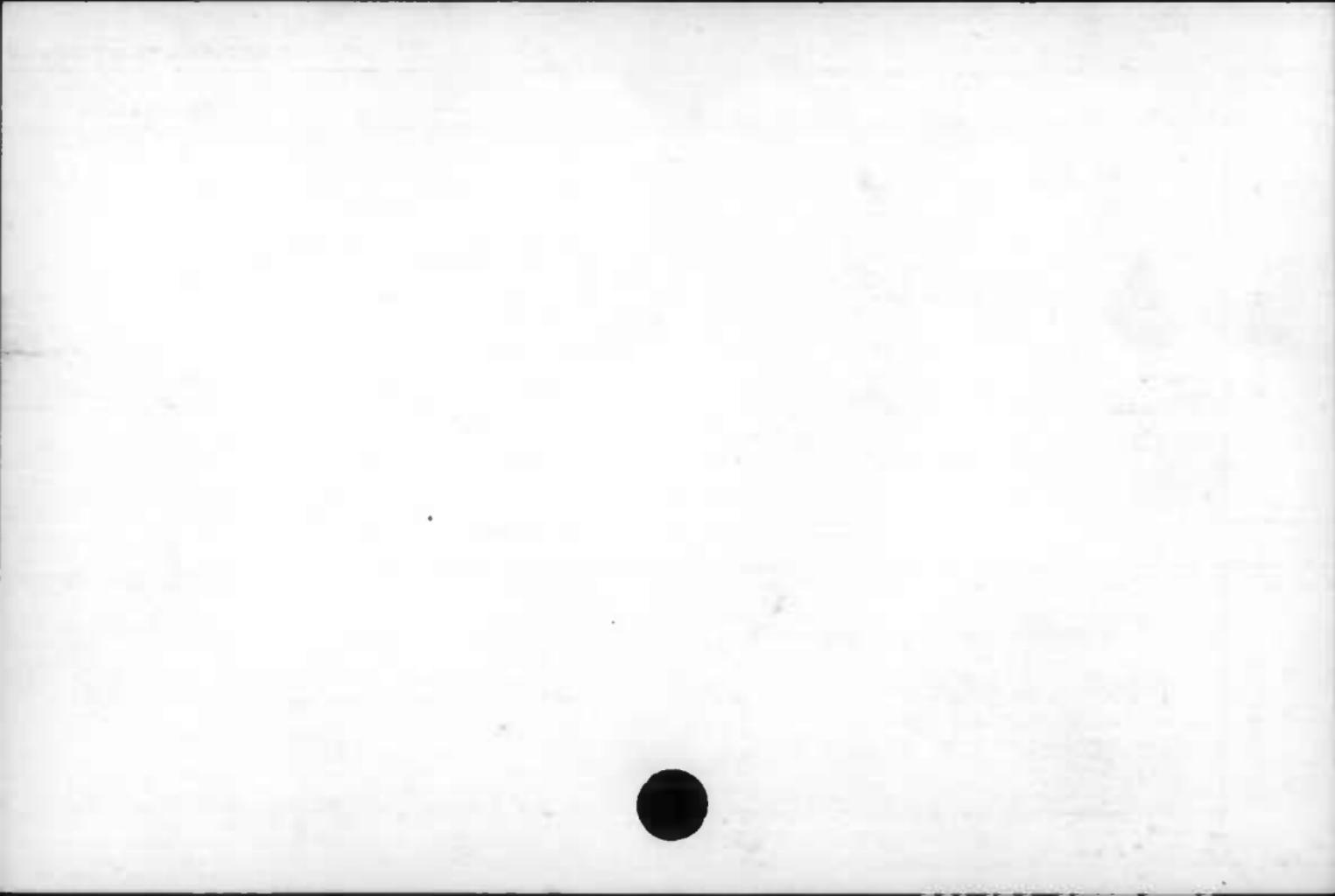
Signature of
Physician

Address

Louis W. Morris M.D.

Salisbury Md.

Accident or Suicide



Name
in
Full

Jeremiah Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at		County		MARYLAND	
Date of death	Month	Day	Years	Month	Days
1908	Sept	13	76	11	
Sex	Male	Color or Race	Black	Birth- place	Md
Occupation	Where Raising if not et place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Julia Davis				
Mother's Maiden Name	Unknown				
Name of person giving Information	Julia Davis				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Senility

64

How long

Immediate

Cerebral Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accidental Suicide

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month Sept	Day 15	Years 67	Month	Days
Sex	Male	Color or Race	colored	Birthplace	Maryland	
Occupation	Farmer		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Catherine Wheeler		
Father's Name	John W Garrison			Father's Birthplace	"	
Mother's Maiden Name	Baby Gactell			Mother's Birthplace	"	
Name of person giving Information	Charles Garrison			How related to deceased	Son	

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

4 months

Immediate

Haemoptysis (Fatal)

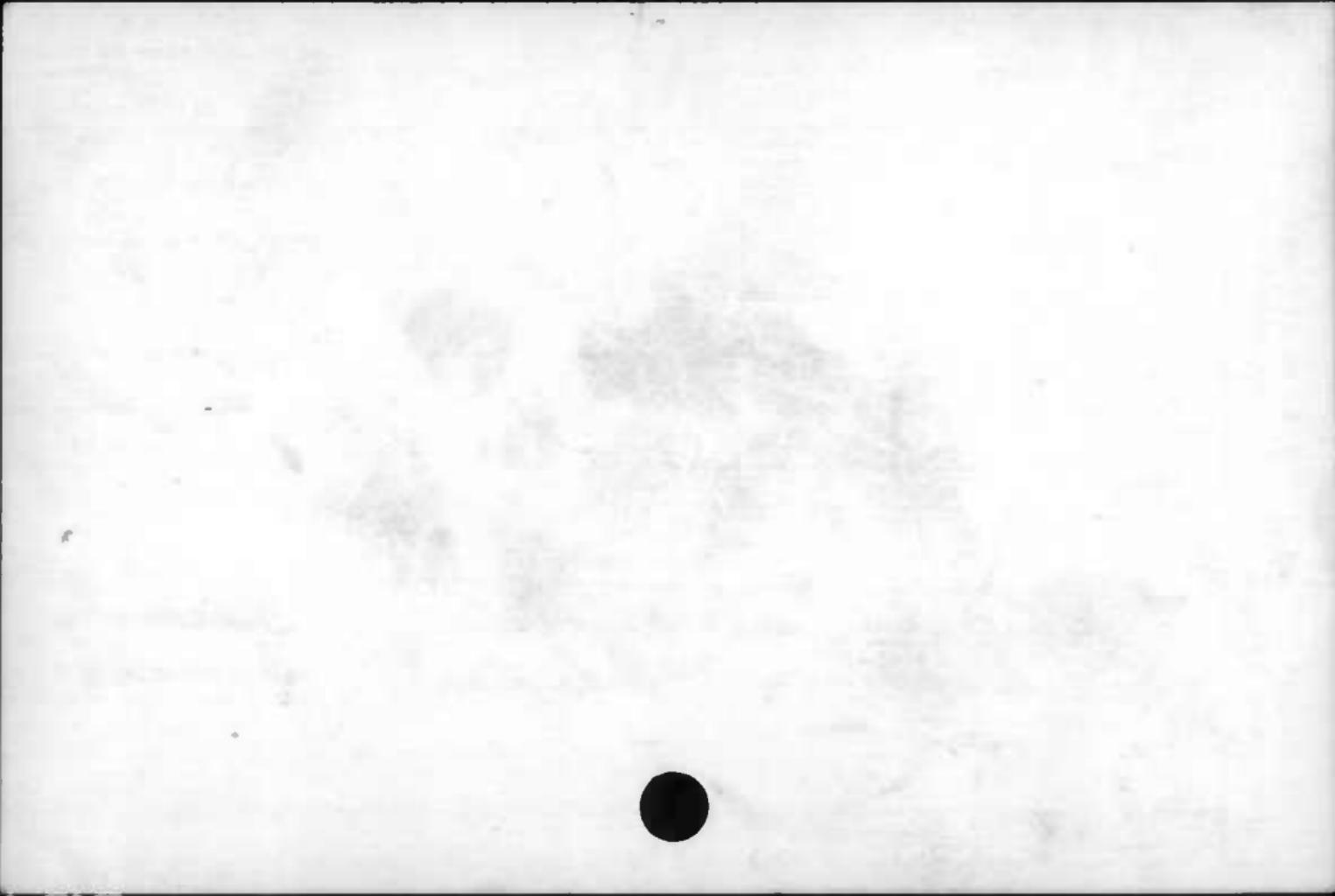
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

DR. EDWARD E. LAMKIN,
NANTICOKE, MD.

9
Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died st					
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Age	4	11	11
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

34

Primary

General Tuberculosis
Diarrhoea and Exhaustion

How long

3 months
3 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

DR. EDWARD E. LAMKIN,
NANTICOKE, MD.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		MARYLAND			
Died at	Salisbury	Month	Sept	Day	1	Years	7	Month	
Date of death	1908	Month	Sept	Day	1	Years	7	Month	
Sex	Male	Color or Race	Black	Birth- place	N.Y.				
Occupation	Where Residing if not at place of death								
Married, Single or Widowed	Infant	Name of Wife or Husband		Infant					
Father's Name	Harry L. Henry		Father's Birthplace		Md.				
Mother's Maiden Name	Mary E. Black		Mother's Birthplace		Md.				
Name of person giving Information	Ray E. Henry		How related to deceased		Mother				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Teething

Immediate

Diarrhoea

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

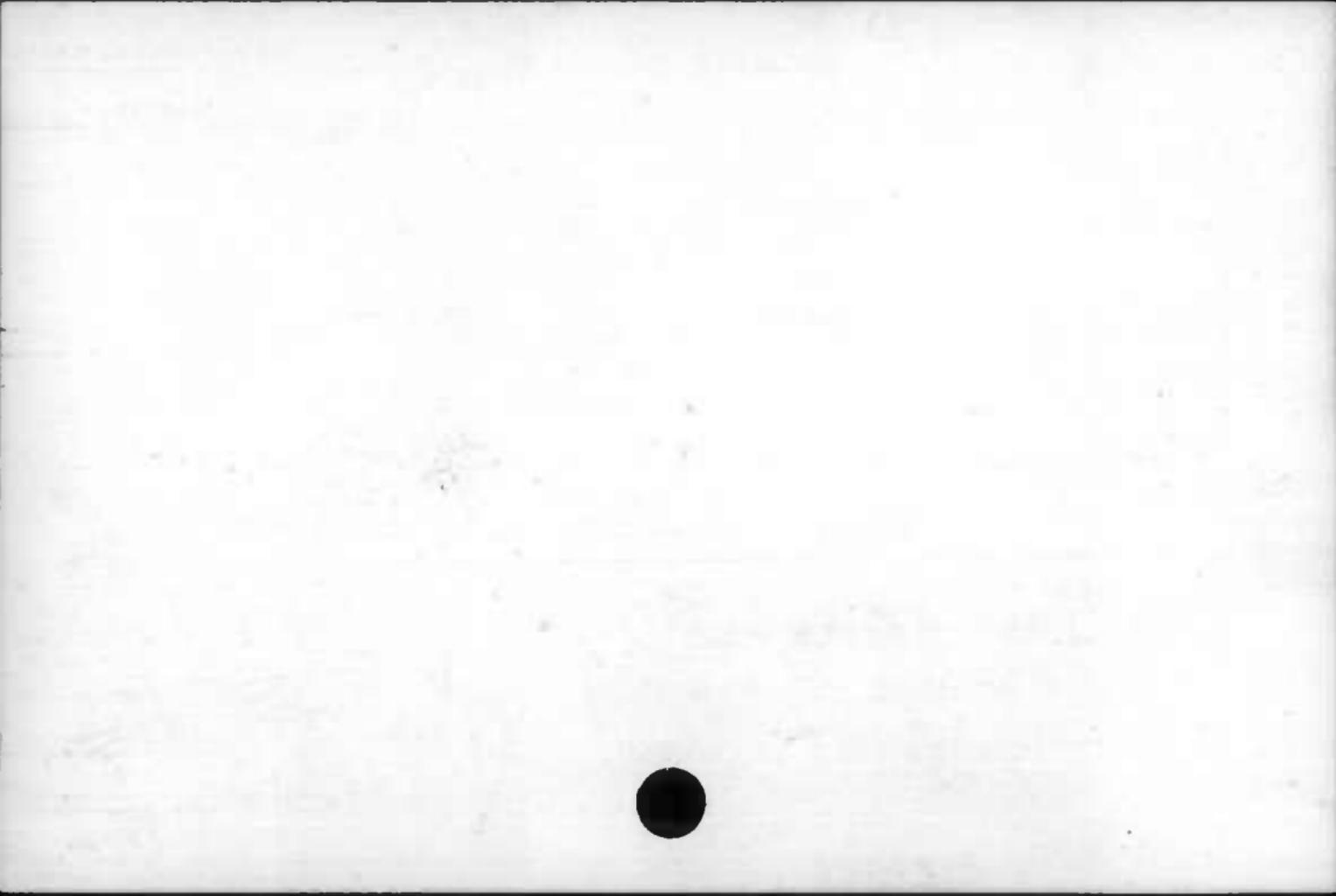
Address

Accident or Suicide

How long

2 months

1



Name
in
Full

Charlotte Heyland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at Williams Branch Micomico MARYLAND
Date of death Month Day Years Months Days
1908 Sept. 9th 66
Sex Female Color or Race Black Birth-place Maryland
Occupation Housekeeper Where Residing if not at place of death
Married, Single or Widowed Widow Father's Name George Heyland
Name of Wife or Husband Parker Father's Birthplace "
Mother's Maiden Name Nat known Mother's Birthplace "
Name of person giving information John Heyland How related to deceased Son
Information

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis Phthisis

27

How long

Immediate

Pneum

How long

Are the name, age, sex, color, date and place correctly given above?

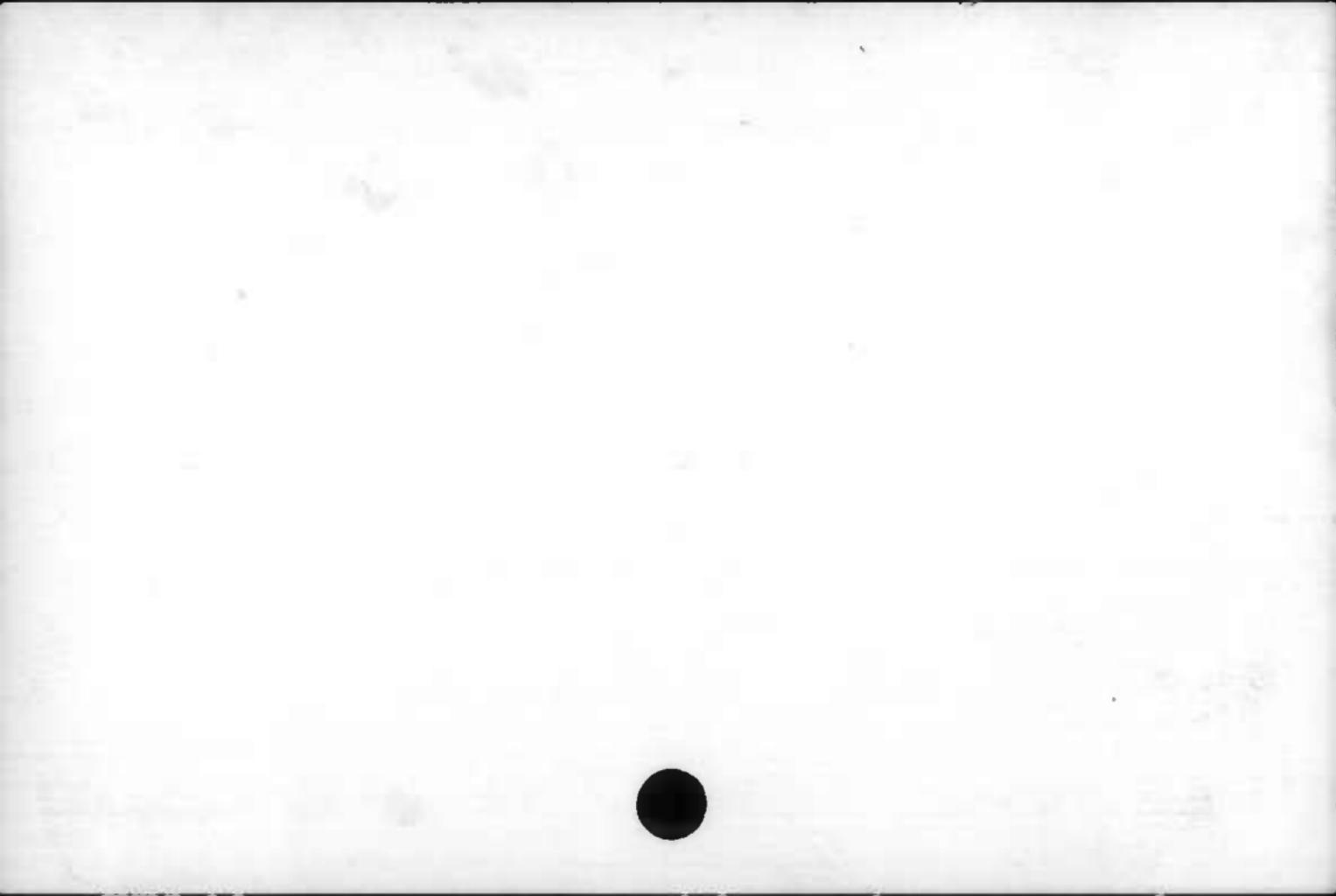
Yes

Signature of Physician

Address

Accident or Suicide

Harry Cull,
Salisbury, Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Allie Mellott

Town

Died at P.G. Hospital Salisburg

County

Wicomico

MARYLAND

Month

Day

Years

Date
of death

1908 Sept. 19

Age

14

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Fulton Co. Pa.

Occupation

School Girl

Where Residing if not
at place of death

Westover Somerset Co. Md.

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Fulton Co. Ohio

Father's
Name

Dayton Mellott

Mother's
Birthplace

Fulton Co. Ohio

Mother's
Maiden Name

Emma L. Dorly

How related
to deceased

Father

Name of person giving
Information

Dayton Mellott

CAUSES OF DEATH

Primary

Cyphoid fever

1

How long

3 weeks

Immediate

Intestinal hemorrhage

3 hrs

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Dr. C. A. Miller

Address

Salisbury, Md

Accident or Suicide

no

PHYSICIAN
OR CORONER

Name
in
Full

James E. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1908	Month Sept	Day 25	Age 58	Years	Months 4	Days
Sex Male	Color or Race White		Birth-place Delaware			
Occupation Merchant	Where Residing if not at place of death Delmar					
Married, Single or Widowed Married	Name of Wife or Husband Mary A. Moore					
Father's Name Luther Moore			Father's Birthplace Delaware			
Mother's Maiden Name Collis Keary			Mother's Birthplace Delaware			
Name of person giving Information Mary A. Moore			How related to deceased Wife			

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

28 days

Immediate

Perforation of Bowels

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

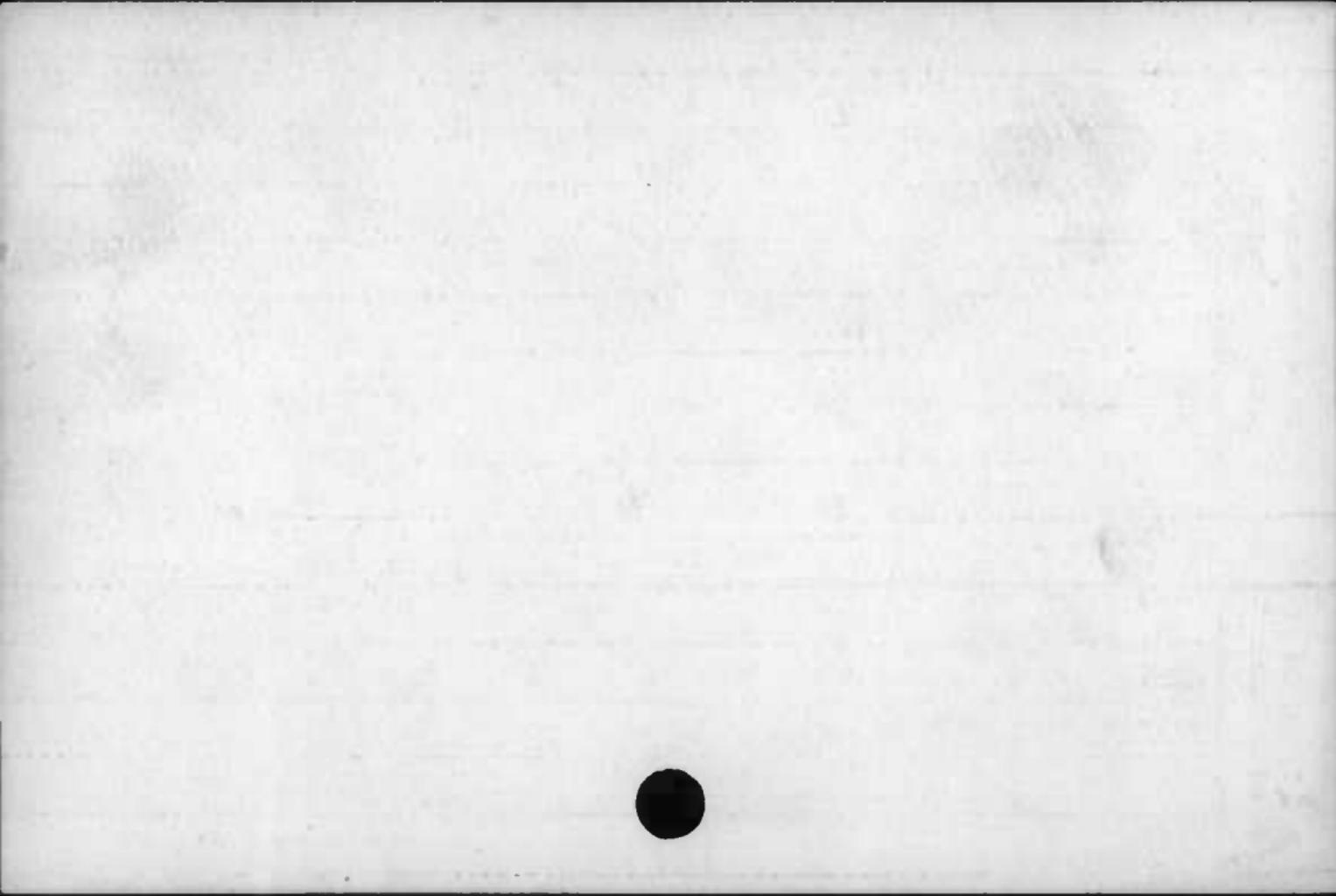
James Brayshaw

Address

Delmar Sussex County

Delaware

Accident or Suicide?



Name
in
Full

Eben H Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death		Month	Day	Years	Month	Day
1908 Sept 8		85	5	56	5	2
Sex	male	Color or Race	White	Birthplace	Md	
Occupation	Farmer					Where Residing if not at place of death
Married, Single or Widowed	Name of Wife or Husband		Laura E Parker			
Father's Name	James Parker		Md			
Mother's Maiden Name	Elizabeth Kelley		Md			
Name of person giving Information	James Parker		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

How long

19 Days

How long

24 to 36 hrs.

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

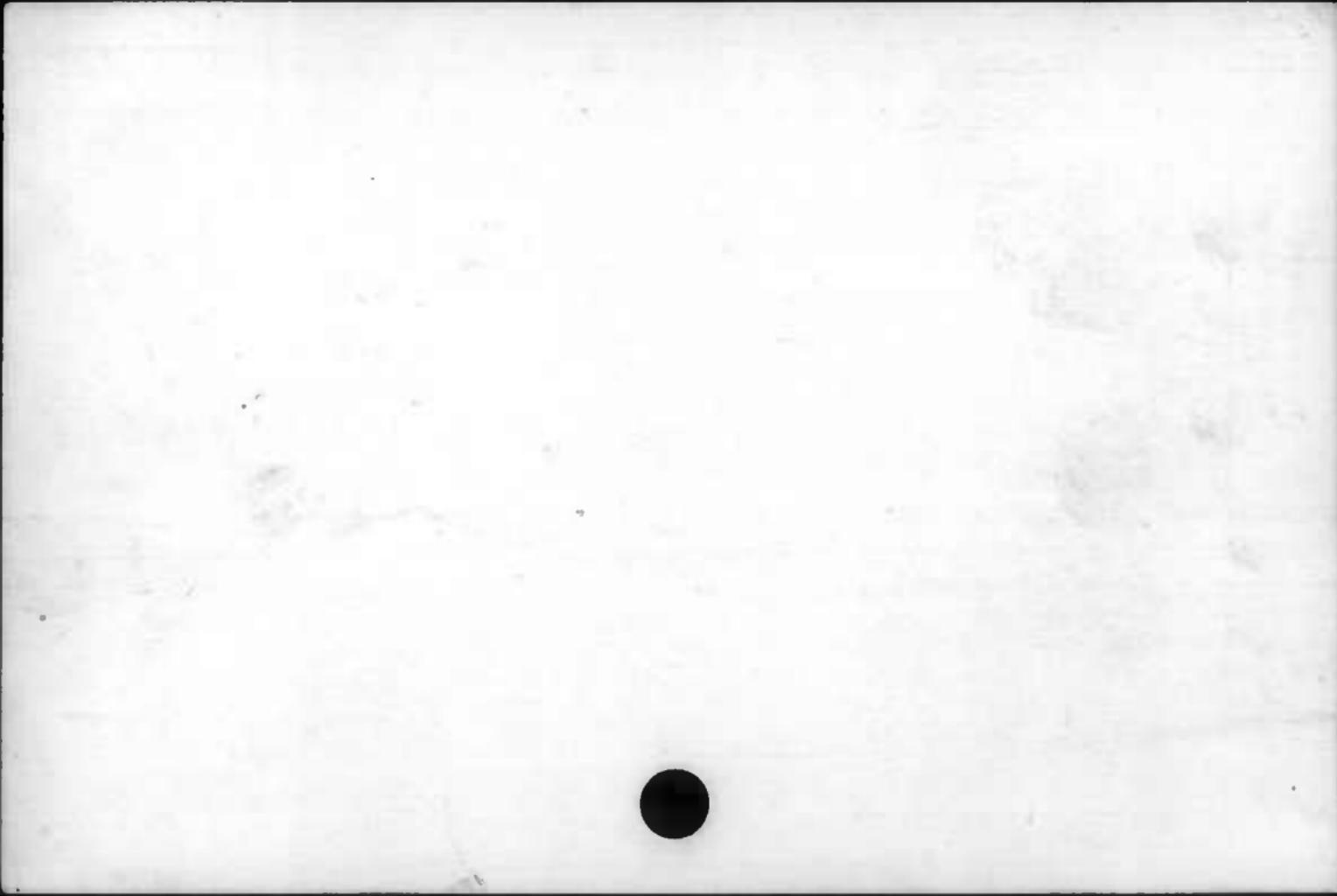
Signature of Physician

Dr. Geo. H. Pruitt

Address

Parsonsburg
Wicomico Co., Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ardilla Roberts

CERTIFICATE OF DEATH

Died at <u>Near Sharplinton</u>			County <u>Maryland</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>9</u>	Day <u>1</u>	Age <u>72</u>	Years <u>72</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>col</u>	Birth-place <u>Dorchester Co</u>					
Occupation <u>Koussuif</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Chas Roberts</u>						
Father's Name <u>Daniel Garrison</u>	Father's Birthplace <u>Dorchester</u>						
Mother's Maiden Name <u>Dont know</u>	Mother's Birthplace <u>Dont know</u>						
Name of person giving information <u>Sarah Garrison</u>	How related to deceased <u>now</u>						

CAUSES OF DEATH

120

How long

2 years

How long

Such

Primary

Chronic Bright.

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

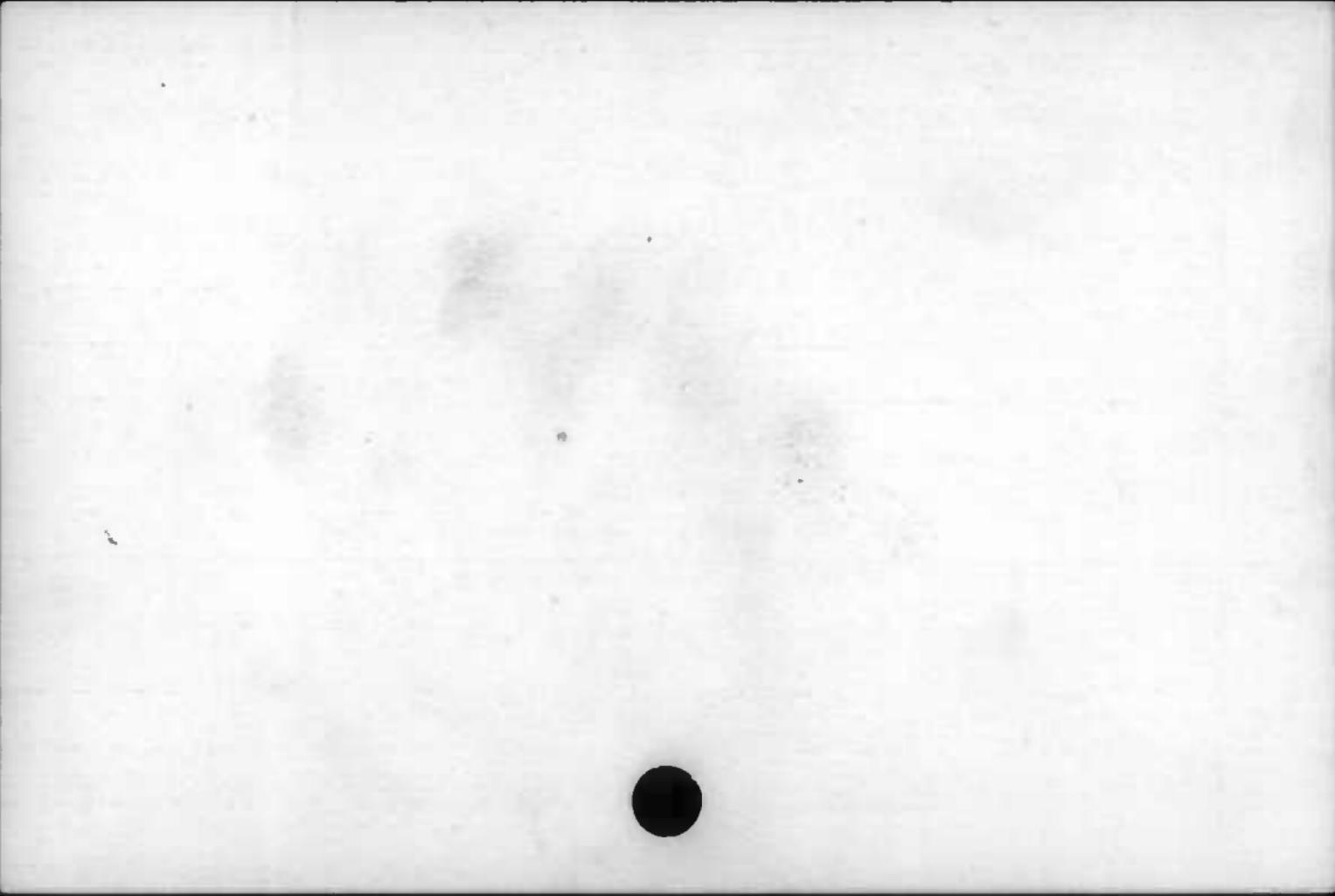
Yes.

Signature of Physician

Address

N. N. Garrison
Sharplinton Md.

Accident or Suicide?



Name
in
Full

Ernie L. Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month Septi	Day 9	Years 21	Months 1	Days
Sex	Female	Color or Race	White		Birth-place	Virginia
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Edward Shockley			
Father's Name	Thomas Loringbow		Father's Birthplace Near Whiton			
Mother's Maiden Name	Annie Parker		Mother's Birthplace Near Whiton			
Name of person giving Information	Sarah in Birmingham		How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Labor

Immediate

Septicemia

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

137

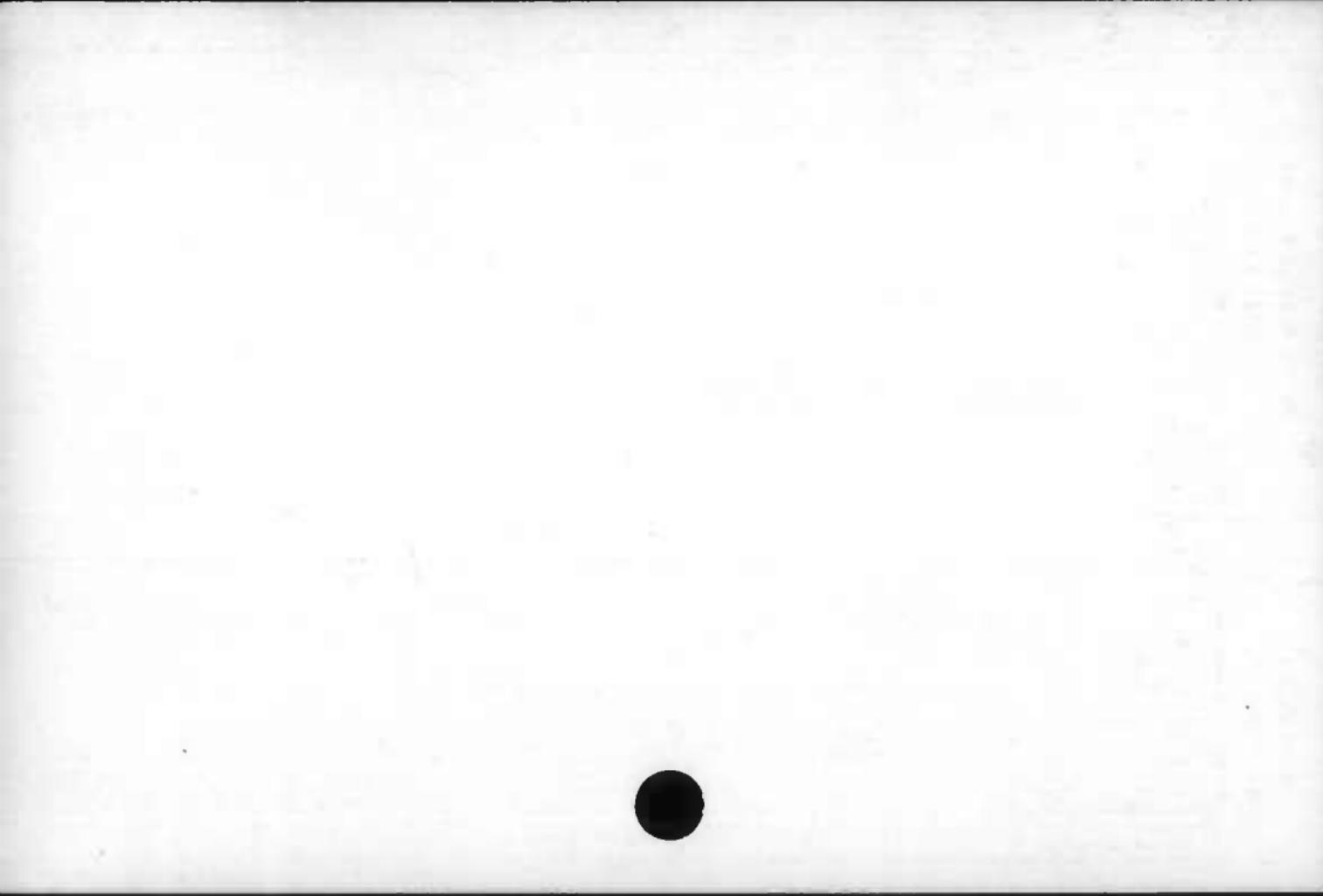
How long

How long

12 hours
4 days

Charles A Holland
Lutherville
Md

Accident or Suicide



Name
in
Full

Mayie L Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John R Taylor	Father's Birthplace			"
Mother's Maiden Name	Ella R Springide	Mother's Birthplace			"
Name of person giving information	Minnie L Messick	How related to deceased			aunt

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

How long

5 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

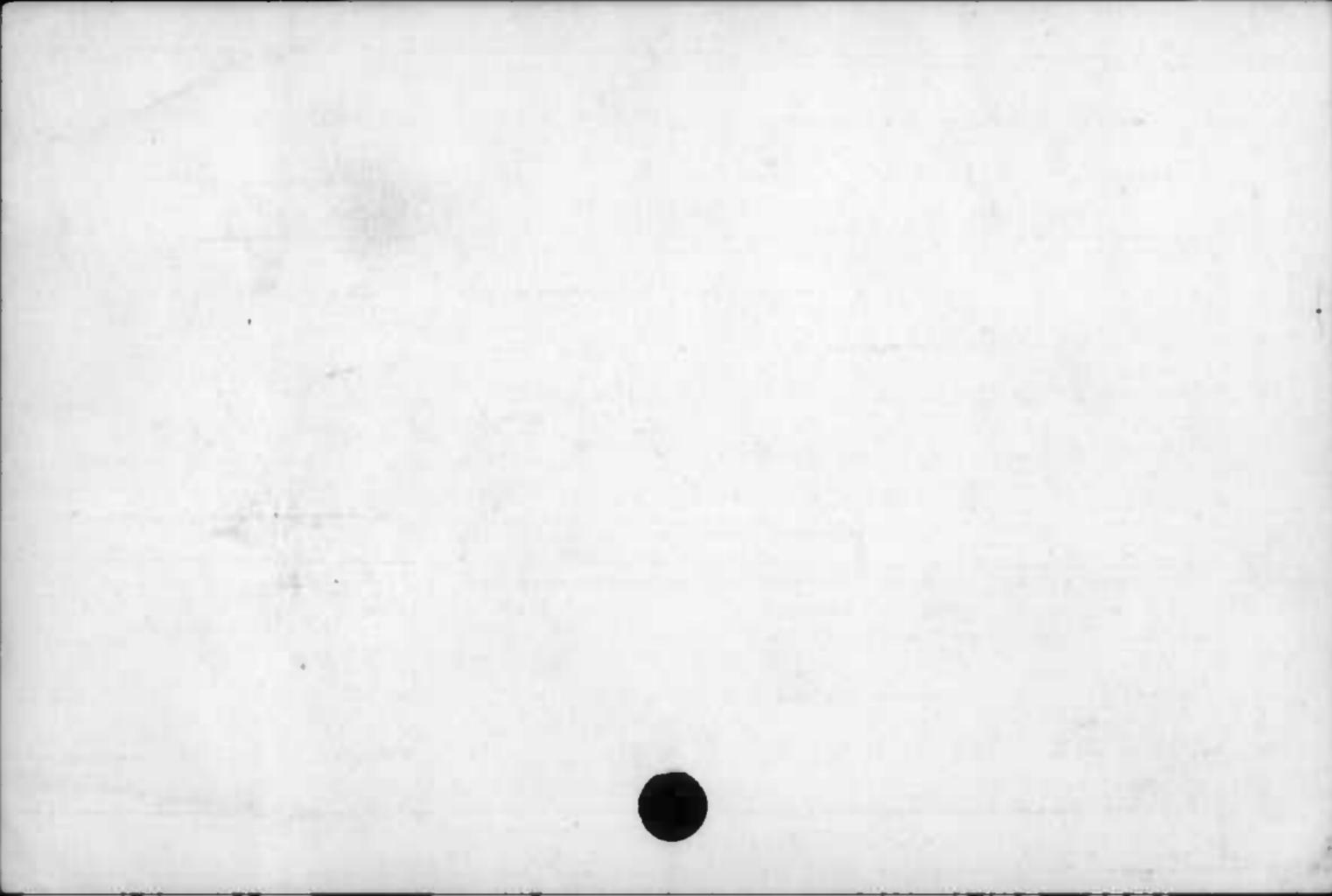
Yes

Signature of Physician

Address

Gen. R. Betts, M.D.
Baltimore, Md.

Accident or Suicide?

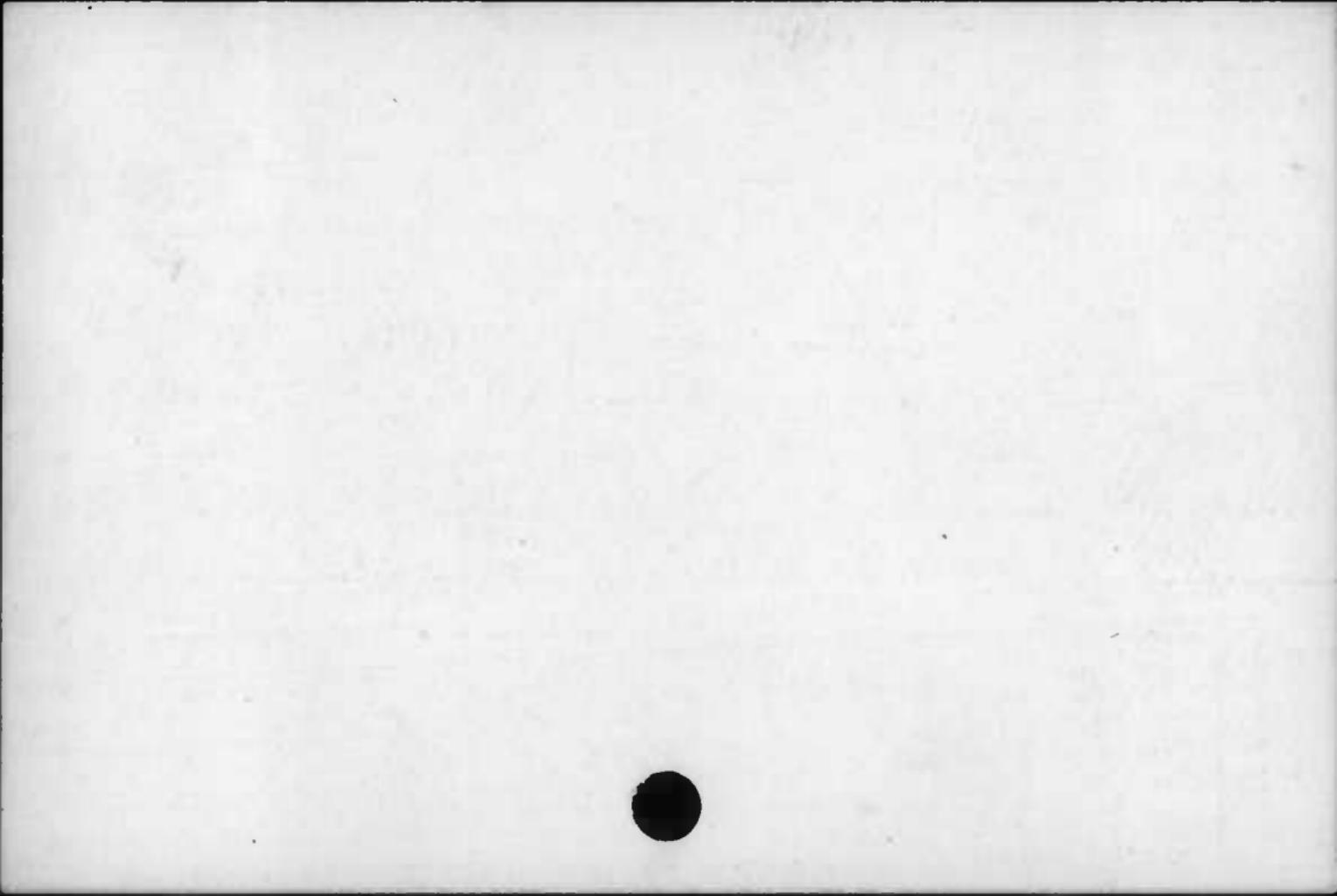


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>Quarantine</u>		Town <u>Quarantine</u>	County <u>Frederick</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>9</u>	Day <u>27</u>	Years <u>0</u>	Months <u>8</u>	Days <u>2</u>
Sex <u>F</u>	Color or Race <u>Col.</u>	Birth-place <u>near Frederick</u>			
Occupation <u>wife</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Burg. Wilson</u>	Father's Birthplace <u>near Frederick</u>				
Mother's Maiden Name <u>Wilson</u>	Mother's Birthplace <u>near Frederick</u>				
Name of person giving information <u>Burg. Wilson</u>	How related to deceased <u>son</u>				
CAUSES OF DEATH					
Primary <u>Pneumonia</u>	How long <u>151</u>				
Immediate <u>Open emphysema</u>	How long <u>2 days</u>				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
	Address				
Accident or Suicide?					



Name
in
Full

James Winder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

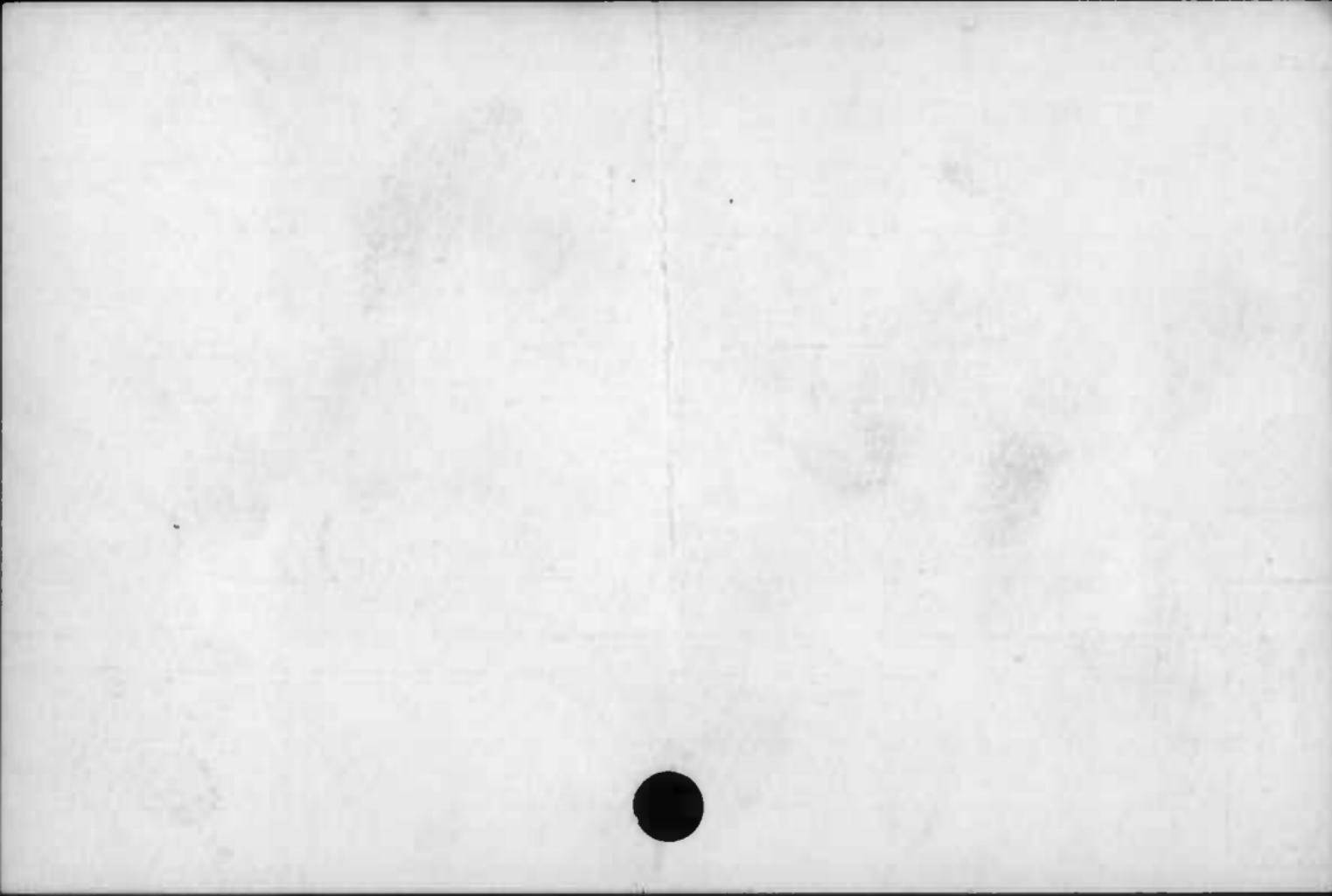
Died at Quintic Town		County Wicomico		MARYLAND	
Date of death 1908	Month 9	Day 17	Age 2 Years	Months	Days
Sex Male	Color or Race Black	Birth-place Quintic Md			
Occupation g		Where Residing if not at place of death Quintic Md			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Dan Stephan Winder	Father's Birthplace Quintic				
Mother's Maiden Name Lucile Jones	Mother's Birthplace Salisbury				
Name of person giving information Dan Stephan Winder	How related to deceased Sister				
CAUSES OF DEATH					
Primary Smash	How long 166				
Immediate Heart	How long 166				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident Suicide



Name
in
Full

Alton C. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Salisbury		Wicomico				
Date of death	1908	Month Sept.	Day 18th	Age 0	Months 10	Days 22
Sex	Male	Color or Race	White	Birth-place	Fruitland Md.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		None		
Father's Name	John F. Thomas			Father's Birthplace	Deals Island Md.	
Mother's Maiden Name	Emma Ryall			Mother's Birthplace	Fruitland Md.	
Name of person giving Information	John F. Thomas			How related to deceased	Father	

PHYSICIAN
OR CORONER

Primary

Enter Colitis

CAUSES OF DEATH

Immediats

Are the name, sgs, ssx, color, date and place correctly given above?

fee

Signature of Physician

Address

Accident or Suicide

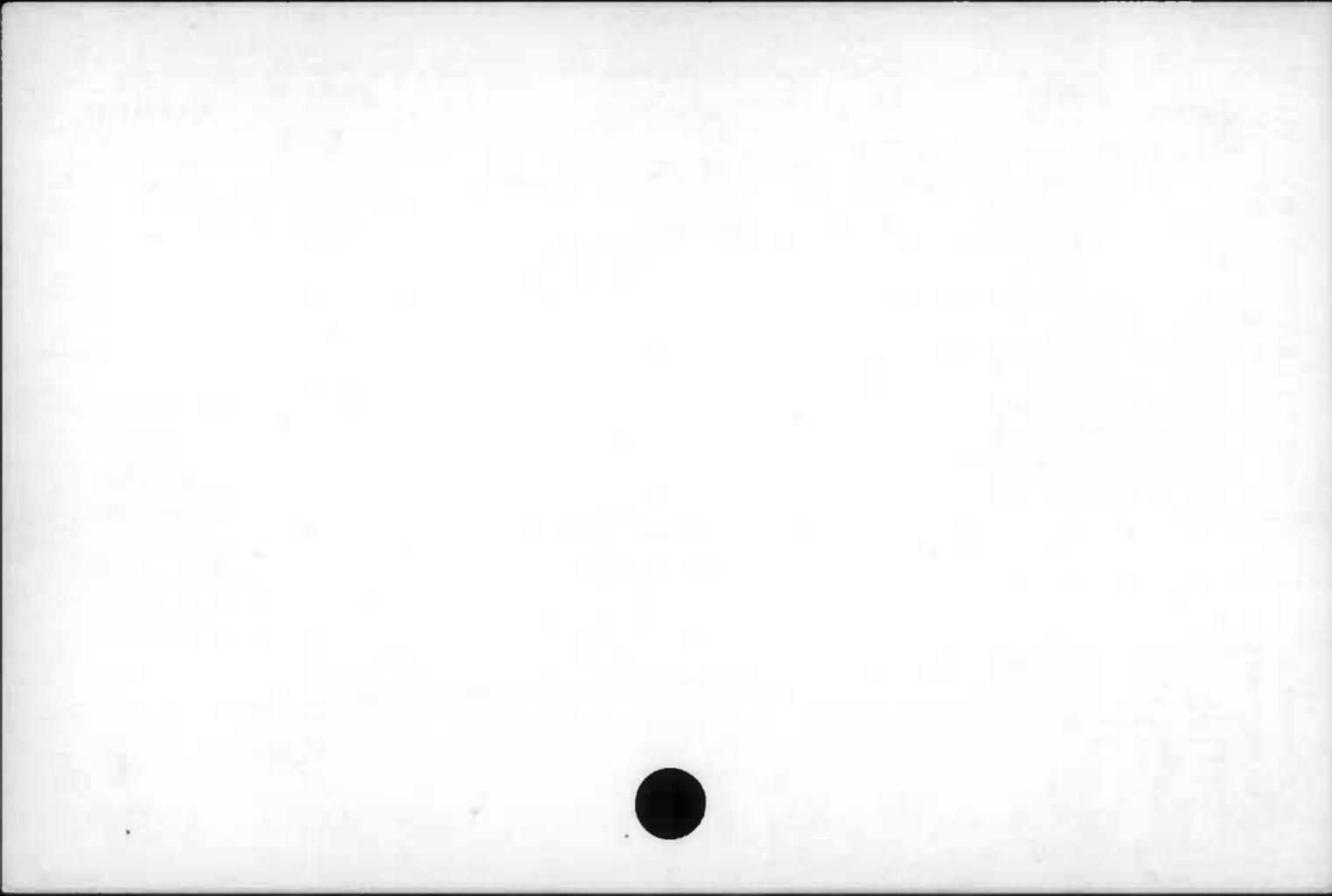
105

How long

4 Mo

How long

Navy Cruc
Salisbury Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Town Salisbury County Wicomico
Died at Salisbury Month Sept Day 8 Years 26 Month Days
Date of death 1908 Age 26 Birth-place Maryland
Sex Female Color or Race White
Occupation Housewife Where residing if not at place of death
Married, Single or Widowed Married Name of James A. Willing
Husband Father's Name James H. Drinkell
Mother's Maiden Name Hester G. Smith Mother's Birthplace Wicomico
Name of person giving information James A. Willing Father's Birthplace Wicomico
Husband's Name James A. Willing Mother's Birthplace Wicomico
Husband's Birthplace Wicomico How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

acute tuberculosis

27

How long

6 mos

Immediate

Heart Failure & Weakness

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

27 Gardening Spring
Salisbury
Md.

Accident or Suicide

No

